

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> MULTIPLE DEPENDENT CLAIM FEEL CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div style="width: 30%;"> SERIAL NO. </div> <div style="width: 25%;"> FILING DATE </div> </div>													
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL CLAIMS							TOTAL CLAIMS						

BEST AVAILABLE COPY